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TO THE HOUSE COMMITTEES ON HEALTH AND HUMAN SERVICES

TWENTY-EIGHTH LEGISLATURE
Regular Session of 2015

Friday, April 17, 2015
11:00 a.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE CONCURRENT RESOLUTION NO. 103, S.D. 1 – URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS.

TO THE HONORABLE DELLA AU BELATTI AND THE HONORABLE DEE MORIKAWA, CHAIRS, AND MEMBERS OF THE COMMITTEES:

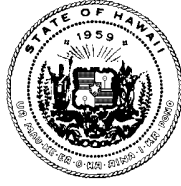
My name is Gordon Ito, State Insurance Commissioner (“Commissioner”), testifying on behalf of the Department of Commerce and Consumer Affairs (“Department”). The Department supports the merits of this resolution.

The purpose of this resolution is to reestablish a working group to examine social determinants of health and risk adjustment for Medicaid, gap-group, and uninsured individuals.

The Department is willing to have the Commissioner or his designee participate in this working group.

We thank the Committees for the opportunity to present testimony on this matter.

DAVID Y. IGE
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STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES

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April 17, 2015

Memorandum

TO: Honorable Della Au Bellati, Chair
House Committee on Health

Honorable Dee Morikawa, Chair
House Committee on Human Services

FROM: Rachael Wong, DrPh, Director

SUBJECT: **S.C.R. 103/S.R. 57 – URGING THE REESTABLISHMENT OF THE
WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS
OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP
GROUP, AND UNINSURED INDIVIDUALS**

Hearing: Friday, April 17, 2015; 11:00 .m.
Conference Room 329, State Capitol

PURPOSE: The purpose of this resolution is to reestablish a work group to examine social determinants of health and risk adjustment for Medicaid, gap group, and uninsured individuals.

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of the resolution and offers comments.

The DHS Med-QUEST Division (MQD) staff currently participates on a number of councils, work groups and tasks forces that address a range of topics that affect Medicaid and program recipients. This resolution is one of 9 measures this legislative session

requesting MQDs participation in a group. Individual staff members that attend these work groups and other meetings are the same individuals who are responsible to complete assignments and work with the Centers on Medicare and Medicaid Services (CMS) on daily operational issues. The MQD requests the legislature consider consolidating the different work groups as consistent participation by limited MQD personnel is an administrative burden that takes away from program implementation and operations.

Additionally, MQD respectfully requests that the committees consider narrowing and prioritizing the items the task force is requested to address as each of the 10 enumerated items is complex on their own.

Further, the size of the proposed work group is large with at a minimum of 20 members. This number does not include “representatives from health insurance plans within the State to be chosen by the Director of Health” and therefore, the membership will increase dependent upon the health plans selected. The size of the “work” group will make it more difficult to identify and work on issues as representatives will want to address their interests and areas of concern.

The DHS appreciates the inclusion of DHS's above concerns by the Honorable Rosalyn Baker, Chair of the Senate Committee on Commerce and Consumer Protection, in the Senate's committee report.

Thank you for the opportunity to testify on this measure.



SCR103

URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS.

House Committee on Health
House Committee on Human Services

April 17, 2015

11:00 a.m.

Room 329

The Office of Hawaiian Affairs (OHA) **SUPPORTS** SCR103, urging the reestablishment of a social determinants of health working group. This resolution supports OHA's strategic priority of Maui Ola (Health), which represents our commitment to improve the conditions and quality of life of Native Hawaiians by reducing the onset of chronic diseases.

Social determinants of health, such as housing, education, social services, leisure activities, culture, and public safety may have significant impacts on the health and well-being of individuals and communities both within specific demographics, as well as in the general population. For example, improved community design, including complete streets that facilitate walking and biking, is one social determinant of health that can improve the health and well-being of all, including those who may not otherwise have the time or resources to explore specialized fitness opportunities. Accordingly, addressing the social determinants of health of health-vulnerable groups is one health planning approach that may significantly reduce the health disparities faced by such groups, as well as ensure better health outcomes for all.

Data show that Native Hawaiians, Pacific Islanders, and Filipinos continue to have disparate health outcomes compared to the rest of the state population. OHA believes that addressing the social determinants of health of these health-vulnerable communities may be an important step towards reducing these health disparities, while improving the overall health and well-being of the greater community. OHA also notes that using a social determinants of health approach to eliminate health disparities and improve overall public health has now become a national and state¹ priority, as unequal health outcomes and disparate well-being are shown to be pervasive even when people have health insurance and medical care. Reestablishing the social determinants of health working group may therefore be an important step towards addressing the social determinants of health of our islands' residents, and improving the health and well-being of Native Hawaiians as well as the broader community.

Accordingly, OHA urges the Committees to **PASS** SCR103. Mahalo nui loa for the opportunity to testify.

¹ See HRS § 226-20.



House Committee on Health

The Hon. Della Au Belatti, Chair

The Hon. Richard P. Creagan, Vice Chair

House Committee on Human Services

The Hon. Dee Morikawa, Chair

The Hon. Bertrand Kobayashi, Vice Chair

Testimony in Support of SCR103/SR57

URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS

Submitted by Nani Medeiros, Public Affairs and Policy Director

April 17, 2015, 11:00 am, Room 329

Recent research has shown that the health and vitality of individuals and the population as a whole can be attributed to social determinants. In many instances factors such as homelessness, poverty, unemployment, language barriers, abuse, lack of education, and lack of access to exercise or healthy foods can have a more profound impact on health outcomes than even genetic disposition or traditional medical care.

The recently released County Health Rankings was able to quantify this by determining that life expectancy and health status can be attributed to:

- 40% - Social and Economic Factors
- 30% - Health Behaviors
- 20% - Clinical Care
- 10% - Physical Environment

What these numbers show is that only 1/5 of a person's life expectancy and health status can be directly attributed to the healthcare they receive. The remaining percentage is comprised of social determinants, many often competing at the same time.

The presence of social determinants presents a number of problems for the healthcare community. First, it multiplies the difficulties in identifying, assessing, and treating health concerns in a community. With so many competing forces at work, narrowing maladies to a single indicator is nearly impossible. Second, those most affected by social determinants are the homeless and poverty-stricken populations, which are often uninsured or present with health

conditions that require hospitalizations or emergency department utilizations. Such visits are costly for providers and for the health community as a whole. Third, social determinants have a direct impact on access to primary care, which also has a strong correlation to healthcare costs.

Any effort to combat the social determinants of health must be comprehensive. On the clinical side, enabling services that work to address issues in housing, transportation, economic security, interpretation, and other related factors must be present. In addition, issues such as race, age, gender, socio-economic status, and geography must be taken into consideration when treating patients. On the payment side, traditional insurance models do not address these social health indicators. To provide better value for the healthcare system and better care for patients, they must work to accommodate these issues moving forward.

As one of the primary providers of healthcare to the populations most affected by social determinants, the Hawaii Primary Care Association and the community health centers it represents supports SCR103/SR57. Every day community health centers treats those directly affected by social determinants and we wish to work collaboratively with the Hawaii healthcare community to seek answers to these problems. This effort was begun with the passage of HCR 146 in 2013, and we look forward to expanding on the progress made therein.

We thank you for the opportunity to testify and urge your passage of this resolution.



April 17, 2015

The Honorable Della Au Belatti, Chair
The Honorable Richard Creagan, Vice Chair
House Committee on Health

The Honorable Dee Morikawa, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Human Services

Re: SCR103 SD1: URGING THE REESTABLISHMENT OF THE WORKING GROUP TO EXAMINE SOCIAL DETERMINANTS OF HEALTH AND RISK ADJUSTMENT FOR MEDICAID, GAP-GROUP, AND UNINSURED INDIVIDUALS.

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify in support of SCR103 SD1, which would reestablish the working group to examine social determinants of health and risk adjustment for certain individuals.

HSMA supports efforts to bring greater attention to how social determinants influence overall health of our community. The Blue Zones Project, a community-based approach to transform the environment in which we live, work, and play, that results in people living longer and better is one example of our investment in this work.

Thank you for allowing us to testify in support of SCR103 SD1.

Sincerely,

Jennifer Diesman
Vice President
Government Relations